

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County Clay

Township _____

or

Village _____

or

City Liberty

(NO. _____)

Registration District No. 201

File No. 32360

Primary Registration District No. 3072

Registered No. 70

St. _____ Ward _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Mrs Mary Tullman Bush

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR OR RACE

White

~~SINGLE~~
~~MARRIED~~
~~WIDOWED~~
~~OR DIVORCED~~
(Write the word)

Widowed

DATE OF BIRTH

Sept 9, 1831
(Month) (Day) (Year)

AGE

81 yrs. 0 mos. 29 ds.

If LESS than
1 day, _____ hrs.
or _____ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

House work

(b) General nature of industry, business, or establishment in which employed (or employer)

Q-0

BIRTHPLACE

(City or town, State or foreign country)

Harvard Co Ky.

NAME OF FATHER

Murcer Bush

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Ky

MAIDEN NAME OF MOTHER

Purlma Bush

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Ky.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mylie Harris

(ADDRESS) Liberty Mo.

Filed

Oct 24 1912 Wm Goodson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Oct 8th 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 1st, 1912, to Oct 8th, 1912, that I last saw her alive on Oct 5th, 1912, and that death occurred, on the date stated above, at 12³⁰ P.m. The CAUSE OF DEATH* was as follows:

Tuberculosis - Pulmonary

23A (Duration) 59 yrs. 0 mos. 0 ds.

109A Contributory Pneumonia (SECONDARY)

(Duration) 1 yrs. 0 mos. 0 ds.

(Signed) G E Harris M. D.

10-12, 1912 (Address) Liberty Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 28 yrs. 0 mos. 0 ds. In the 28 yrs. 0 mos. 0 ds. State 28 yrs. 0 mos. 0 ds.

Where was disease contracted if not at place of death? Clay Co

Former or usual residence 11/11

PLACE OF BURIAL OR REMOVAL

Little Shoal

UNDERTAKER

Shurtz

DATE OF BURIAL

Oct 9, 1912

ADDRESS

Liberty Mo.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*

Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asihenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("Congenital," "Senile," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septichaemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

N. B.—Each item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County Clay
 Township Liberty
 or
 Village
 or
 City

REGISTRARS SHALL NOT RE-
 CEIVE A FEE FOR CERTIFICATES
 UNTIL THEY ARE COMPLETED AS
 PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Registration District No. 201 File No. 31360 ✓
 Primary Registration District No. 3012 Registered No. 70
 (NO. St. Ward)

[If death occurred in a
 hospital or institution,
 give its NAME instead
 of street and number]

FULL NAME Mrs. Mary Tillman Bush

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE widowed
 MARRIED
 WIDOWED
 OR DIVORCED
 (Write the word)

DATE OF BIRTH Sept. 9 1881
 (Month) (Day) (Year)

AGE 81 yrs. 29 ds. IF LESS than
 1 day, hrs. or min.?

OCCUPATION
 (a) Trade, profession, or
 particular kind of work Housework
 (b) General nature of industry,
 business, or establishment in
 which employed (or employer)

BIRTHPLACE
 (City or town, State or foreign country) Howard Co. Ky.

PARENTS
 NAME OF FATHER Miriam Bush
 BIRTHPLACE OF FATHER Ky.
 (City or town, State or foreign country)
 MAIDEN NAME OF MOTHER Purcella Unknown
 BIRTHPLACE OF MOTHER Ky.
 (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Sharp Brother
 (ADDRESS) Liberty, Mo.

Filed 12/6/12 1912 Wm. J. Goodson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 8 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
Sept. 1, 1912 to Oct. 8, 1912,
 that I last saw her alive on Oct. 5, 1912,
 and that death occurred, on the date stated above, at 12:30 p.

The CAUSE OF DEATH* was as follows:
Tuberculosis - pulmonary

(Duration) yrs. mos. ds.
 Contributory Pneumonia
 (SECONDARY) (Duration) yrs. mos. ds.
 (Signed) T. E. Sevier M. D.
10-12-1912 (Address) Liberty, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state
 (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
 RECENT RESIDENTS)
 At place of death yrs. mos. ds. In the State yrs. mos. ds.
 Where was disease contracted
 If not at place of death?
 Former or usual residence

PLACE OF BURIAL OR REMOVAL Little Shoal DATE OF BURIAL Oct 9 1912
 UNDERTAKER Sharp Bros. ADDRESS Liberty, Mo.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)